## Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV` 08/01/2012)

| Calendar Year:   | 2012   |                        |                          |   |  |  |                                |           |
|--|--|------------------------|--------------------------|---|--|--|--------------------------------|-----------|
| Entity Name:   | Kennewick General Hospital  (B) Breakdown of W-2 and/or 1099 MISC Compensation |                        |                          |   |  |  |                                |           |
| (A)Employee Name<br>(who does not have<br>direct patient care<br>responsibilities) | Indicate if Lead<br>Administrator  | Hospital if applicable | (i) Base<br>Compensation | (ii) Bonus &<br>Incentive<br>Compensation | (iii) Other Reportable<br>Compensation | (C) Retirement<br>and Deferred<br>Compensation | (D)Non-<br>Taxable<br>Benefits | (E) Total |
| 1 Glen Marshall  | Yes  | Kennewick Genera       | 278,166                  | 41,250                                    | 18,269                                 | 51,000   | 21,138                         | 409,823   |
| <sup>2</sup> Gerald Paule  | No   | Kennewick Genera       | 202,253                  | 18,144                                    | 2,771                                  | 11,096   | 21,138                         | 255,403   |
| <sup>3</sup> Diane Sanders   | No   | Kennewick Genera       | 158,080                  | 14,850                                    | 1,846                                  | 8,635  | 21,458                         | 204,869   |
| <sup>4</sup> Russell Keefer Jr.  | No   | Kennewick Genera       | 147,712                  | 13,900                                    | 2,218                                  | 8,164  | 15,574                         | 187,567   |
| <sup>5</sup> Charles Barnes  | No   | Kennewick Genera       | 136,149                  | 13,234                                    | 1,030                                  | 7,434  | 6,945                          | 164,792   |
| 6  |  |                        |                          |   |  |  |                                | 0         |
| 7  |  |                        |                          |   |  |  |                                | 0         |
| 8  |  |                        |                          |   |  |  |                                | 0         |
| 9  |  |                        |                          |   |  |  |                                | 0         |
| 10   |  |                        |                          |   |  |  |                                | 0         |
| 11   |  |                        |                          |   |  |  |                                | 0         |
| 12   |  |                        |                          |   |  |  |                                | 0         |
| 13   |  |                        |                          |   |  |  |                                | 0         |
| 14   |  |                        |                          |   |  |  |                                | 0         |
| 15   |  |                        |                          |   |  |  |                                | 0         |
| Add Additional lines as nee  | ded  | •                      | •                        |   |  |  |                                |           |

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J http://www.irs.gov/pub/irs-pdf/i990sj.pdf

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814 Fax: (360) 753-4135

